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Summary of mid-term reviews and major evaluations of country programmes

Middle East and North Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The mid-term reviews and evaluations described in the present report were conducted in late 1998 or during 1999.

Introduction

1. The first part of this report examines the mid-term reviews (MTRs) of the UNICEF-assisted country programmes in Sudan, Morocco, Tunisia, Lebanon and Oman, ranked in decreasing order of under-five mortality rates (U5MR). UNICEF faces very different programming challenges in the five countries. Oman, Lebanon and Tunisia are middle-income countries which have achieved most of the World Summit for Children goals, but still have considerable socio-economic and gender disparities. Morocco, another middle-income country, lags further behind in social indicators. Finally Sudan, a low-income country affected by conflict and natural disasters, has among the worst indicators in the region. The report also looks at the MTR of the subregional programme for Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic, and the West Bank and Gaza.

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2. The report then examines two groups of recent evaluations and research, distinguished by the manner in which UNICEF offices have used them.

Country mid-term reviews

Sudan

3. The MTR for the Sudan country programme began with a series of zonal and sectoral programme reviews involving all partners, including community representatives. The formal review, with the participation of representatives from government bodies, the United Nations, donor agencies and non-governmental organizations (NGOs), was organized jointly by UNICEF and the Ministry of International Cooperation and Investment. Collaboration among United Nations agencies in Sudan is well developed and centres on emergency operations. UNICEF plays the lead role in non-food assistance in Operation Lifeline Sudan (OLS).

4. **The situation of children and women**. The situation in the country continues to be alarming, as ongoing conflict, deteriorating social services and natural disasters take their toll. U5MR is 115 per 1,000 live births, and malaria, diarrhoea and acute respiratory infections (ARI), accompanied by malnutrition, remain the main causes of child death. Surveys show that over 50 per cent of children under the age of five in the southern states are malnourished. From 1996 to 1998, immunization coverage declined from 22 to 14 per cent in the south, and from 90 to 83 per cent in the north. There were over 50 confirmed cases of polio in 1999. Access to safe drinking water remains low, at less than 30 per cent in rural areas. Primary net enrolment rates have declined since 1996, from 46 to 40 per cent nationwide, and from 14 to 9 per cent in the south. The conflict has led to an estimated 3.7 million internally displaced persons (IDPs). The abduction of children and women is another pressing problem.

5. **Achievements**. UNICEF advocacy for children's rights, reinforced by its service delivery and grass-roots interventions, contributed to the Government's cooperation in the tracing, retrieval and reunification of abducted children and women. UNICEF interventions have led to several other positive outcomes for children. The incidence of malaria was reduced by 41 per cent in the Upper Nile State. National Immunization Days (NIDs) reached 95 per cent of children under five in the north of the country, although coverage in the south was variable (20, 88 and 27 per cent, respectively, in 1997, 1998 and 1999). The Child Friendly Village Initiative, now covering 322 villages and a population of 700,000, led to high rates of school enrolment (over 80 per cent) and immunization coverage (100 per cent in 65 per cent of villages). The education programme provided basic education to 20,000 nomadic children (23 per cent of whom were girls) and, through OLS funding, to 300,000 children in conflict areas. Activities to raise awareness on female genital mutilation (FGM) reached over 200,000 people. Over 2 million people benefited from safe water and environmental sanitation (WES) interventions, representing a national increase in access from 40 to 47 per cent. To make up for declining government funding, UNICEF led a fund-raising campaign that generated some $500,000 in local resources for the WES programme. The number of reported cases of Guinea worm disease declined from 110,000 to 13,000 between 1996 and 1999. UNICEF also responded to the 1998 Bahr el Ghazal famine, and managed the OLS-funded supplementary feeding programme and household food security programme, which benefited more than 134,000 families. During 1999, a great deal of time and resources were diverted to respond to floods and meningitis epidemics.

6. **Constraints**. The constraints relate mainly to the prevailing conflict situation and include: weak national capacities; shortage of government staff, often strained relations with the Government due to UNICEF work in human rights; and the lack of access to certain areas and population groups.

7. **Assessment of strategies: lessons learned**. The MTR noted that peace-building and human rights promotion were the *sine qua non* for all interventions aiming to reach children and women. While the programme's original thrust was still relevant, its structure did not reflect sufficiently the conflict and emergencies against which all interventions had to take place. Based on these findings, the MTR approved a number of changes in programme structure, coverage and objectives. The objectives were adjusted to more realistic levels, and the choice of geographic areas was revised to give priority to the conflict states in the south and to transition zones. Ongoing interventions in these zones — such as immunization and cattle vaccination against rinderpest — will give UNICEF the

opportunity to promote peace-building and reconciliation activities at the grass-roots level. A new "Rights, Peace-Building and Special Protection" programme will promote human rights, combat FGM, support reunification of abducted children with families, and promote inter-tribal reconciliation.

8. **Country programme management plan**. Programme changes following the MTR will entail some modifications in staff structure. In the 1997-1999 period, UNICEF mobilized some $32.4 million (including for the OLS component).

Morocco

9. In Morocco, reviews at central and provincial levels led to a final review coordinated by the Ministry of Foreign Affairs and UNICEF, and attended by representatives of ministries, implementing government bodies, NGOs, bilateral and multilateral agencies and in-country donor Governments. A Common Country Assessment (CCA) and a United Nations Development Assistance Framework (UNDAF) were completed in 1998; however, the Government has still not recognized the UNDAF process.

10. **The situation of children and women**. There has been steady improvement since 1995. A 1999 Pan-Arab Project for Child Development (PAPCHILD) survey indicated infant mortality rates (IMR) and U5MR of 37 and 46 per 1,000 live births, respectively, and a maternal mortality rate (MMR) of 228 per 100,000 live births. Immunization coverage is close to 90 per cent, and to date there are no confirmed cases of polio. Over the last four years, primary net enrolment increased from 67 to 73 per cent. Yet one quarter of children under five are stunted, and nearly half of pregnant women suffer from iron deficiency anaemia. Significant disparities remain: MMR and U5MR are one third higher in rural areas; two thirds of rural women have no access to prenatal care; and only 53 per cent of girls attend school. Half a million children between the ages of 7 and 15 work. Some 673 cases of AIDS were reported in June 1999, six times the number in 1998. In May 1999, the National Observatory for Child Rights (ONDE) played a leading role in the creation of a Children's Parliament. During the same year, Morocco prepared its second report on implementation of the Convention on the Rights of the Child and began harmonizing its legislation with the Convention.

11. **Achievements**. UNICEF support contributed to the development of national policies to eliminate child labour and to implement a national nonformal education programme for children in need of special protection. A survey showed that health education in poor urban areas, which reached some 145,000 women, had increased awareness of HIV/AIDS. Over the programme period, support to education led to dramatic improvement in rural school enrolment: in Assais and Merzouk communes, enrolment increased from 8 and 22 per cent to 59 and 72 per cent, respectively. The WES programme benefited some 37,000 people, providing access to safe water; training and community hygiene education; and latrines for 48 schools, 24 mosques and 5 health facilities. By providing training, community health education and supplies to 46 health facilities, the health programme improved access to and utilization of health services. In Al Haouz province, immunization coverage increased from 70 to 77 per cent, and prenatal consultation rates increased from 20 to 35 per cent. The programme provided training for over 3,000 rural women.

12. **Constraints**. The main constraints include inadequate policy dialogue, poor coordination with other development partners and lack of integration of certain programme activities.

13. **Assessment of strategies: lessons learned**. The MTR noted that some interventions required better linkage with objectives. Efforts to translate field interventions into policy gains for children and women had been inadequate. Communication and evaluation had been weak, and coordination among the various sectoral interventions in the rural areas needed improvement. Consequently, the MTR strengthened linkages between field interventions and policy development; improved the programme's focus by reducing the number of programmes from six to three; and strengthened the priority area of education. The urban programme was restructured into a programme for child protection, and the different sectoral programmes were integrated into one area-based rural programme. Communication and evaluation were strengthened through the creation of projects to manage these functional areas.

14. **Country programme management plan**. Changes in the programmes will require staff changes

within the existing resource levels. From 1997 to mid-1999, the programme raised about $1.6 million, or about 14 per cent of its total ceiling for other resources. Of this amount, about $250,000 was raised from local contributors from the province of Zagora.

Tunisia

15. The MTR process started in February 1999 with the development of a work plan approved by the Ministry of Foreign Affairs. Preparatory reviews and meetings were organized with counterparts, and the results were examined and endorsed at the official meeting in June. A joint review also took place between the Government and the United Nations Development Programme, United Nations Population Fund and UNICEF. The Government has adopted the joint document on the programme of cooperation of the three funds and programmes.

16. **The situation of children and women**. Among the goals that Tunisia has achieved are low U5MR (32 per 1,000 live births), high immunization coverage, a polio-free status since 1992 and high primary school enrolment (99 per cent), including for girls. However, malnutrition and anaemia still persist and the quality of health and education services remains low. A 1999 study showed that while average scores of learning achievement among schoolchildren are 70 per cent, only 25 per cent of children have command of all four required subjects. Serious geographic disparities exist in a number of areas, such as adult literacy and the access to, and quality of, maternal health services. In 1998, access to adequate prenatal care was 29 per cent nationwide, and 11 per cent in the most deprived region. Following the adoption of the Tunisian Child Protection Code in 1995, Tunisia established a body of "Child Protection Delegates", or ombudspersons, to intervene and help children at risk.

17. **Achievements**. The UNICEF-supported programme has played a catalytic role for children in Tunisia through: developing innovative approaches that were replicated by the Government; using evaluation results strategically; and helping to build national capacities by providing high-level technical expertise from international centres of excellence. The health programme contributed to reducing disparities and increasing immunization coverage in the four target regions to more than 90 per cent. Only 22 cases of measles were reported (65 cases in 1995), and no cases of neonatal tetanus were reported. The tools and approaches developed for health services in eight governorates were adopted nationwide. The programme provided technical support in the development of an audit system for investigating every maternal death that occurs in public facilities. The education programme successfully introduced a teaching method centred on basic competencies (*Compétences de base*, or "CB"). The programme now covers 500 primary schools, or 12 per cent of the total, and has trained 108 trainers, 4,500 teachers, 500 school directors and 400 pedagogical assistants. The results of an external evaluation led the Ministry of Education to extend this approach nationwide to all schools. Support to the *Programme d'action sociale scolaire* (PASS) contributed to the development of a system for monitoring school children who are at risk. Audiovisual material and guides developed by the project for early childhood development (ECD) were used in four governorates in television and radio broadcasts and in community education sessions led by volunteers. UNICEF contributed to the ombudsperson network through training and technical support.

18. **Constraints**. The high turnover of government staff in disadvantaged areas constrained the programme's capacity-building efforts. The MTR noted that dialogue between health care service providers and communities should be improved, and that progress has been slow in improving the quality of health services. The education programme's choice of target schools for the CB and PASS initiatives did not necessarily coincide, as was originally planned.

19. **Assessment of strategies: lessons learned**. The MTR highlighted the relevance of the strategies used. The programme structure and thrust will be retained for the remainder of the programme cycle, but greater effort will be made to strengthen the convergence and focus of interventions. In view of the need for reliable subnational data, in the year 2000 UNICEF is supporting a multiple indicator cluster survey (MICS) that will produce data disaggregated by governorate.

20. **Country programme management plan**. The original programme was planned with $5 million from regular resources. In 1997, levels of regular resources were reduced by one quarter. Over the past three years, the country office has mobilized $1.4 million in other resources, which represents 57 per cent of the total ceiling for other resources for the five-year cycle.

Lebanon

21. The MTR process in Lebanon involved the participation of government ministries and institutions (including the Parliamentary Commission on Child Rights), NGOs, donors and United Nations agencies. While an UNDAF has not yet been developed, UNICEF cooperates closely with other United Nations agencies, notably in the preparation of the CCA, follow-up to world conferences, and in areas of common programmatic interest.

22. **The situation of children and women**. Lebanon's achievements include: low U5MR (35 per 1,000 live births); immunization coverage of over 90 per cent; a polio-free status since 1994; and high enrolment (98 per cent) for both girls and boys. Certain areas of the country, however, still suffer from IMRs that exceed 50 per 1,000 live births; high rates of diarrhoeal diseases and ARI; poor access to health care services; and low school enrolment rates. The cost of health care has doubled in the last three years, and one third of Lebanese households cannot afford quality health care. Other problems include: perinatal mortality; high iron-deficiency anaemia rates (42 per cent among children 12-23 months old, and 27 per cent among women of child-bearing age); low quality of public education; child labour; and juvenile delinquency. The Government has made basic education free and compulsory for children under 12 years of age, but this law has yet to be fully implemented. Although the Government has toughened the laws relating to minimum age and working conditions for children, about 5 per cent of Lebanese boys 10 to 14 years of age (16 per cent in cities) have left school and entered the workforce. Lebanon submitted its second report on the Convention on the Rights of the Child in 1998.

23. **Achievements**. Given the high levels of social development in Lebanon, UNICEF contributions to national achievements have been of a catalytic nature. The health programme provided procurement services for vaccines and essential drugs through UNICEF; supported training for health personnel and midwives; and assisted in developing national plans of action for fortifying flour with iron and folic acid and for preventing home accidents among children. About 40 per cent of infants are now born in baby-friendly facilities. Contributions to basic education included: extensive work on the concept of global education, the development of material to improve quality of education, and a study on the law on free and compulsory education. UNICEF work in training and development of parental educational materials for ECD is expected to lead to the creation of a strategic plan, in cooperation with the Government. Advocacy based on studies of child labour led to the first national strategy for child labour in Lebanon, formulated in 1998. In cooperation with three ministries, a number of municipalities and several NGOs, the programme provided educational opportunities to working children in one rural and five urban areas, and initiated a system to update information on working children. Work on juvenile delinquency included training of personnel and support for the rehabilitation of young detainees.

24. **Constraints**. Implementation was constrained by weak managerial and operational capacity among counterparts and NGOs at the local level and the limited availability of technically qualified staff among government ministries, especially for quality assurance of basic services. Reduced budget allocations have constrained the Government's ability to fulfil its commitments.

25. **Assessment of strategies: lessons learned**. While most of the programme objectives were relevant, they were too ambitious and did not adequately reflect UNICEF contributions. The MTR also found inadequate coordination among NGOs, which led to some duplication of efforts. It was noted that the programme structure would need to be improved, and suggestions for structural changes included: revision of a number of objectives to reflect more accurately the actual contributions of UNICEF; a restructuring of the basic education programme to focus on access to quality education; and a strengthened focus on protection of children and youth.

26. **Country programme management plan**. Following the reduction of regular resources from $5 million to $3.8 million, and the subsequent downsizing of the office in 1997, the changes made by the MTR will not require new staffing structures. Over the past three years, UNICEF mobilized $2.2 million, or 18 per cent of the total other resources ceiling for the programme cycle.

Oman

27. The MTR in Oman involved a process of participatory consultations, assessments and evaluations, coordinated by the Ministry of Social Affairs, Labour and Vocational Training, and culminating in a two-day review meeting. The MTR took place at a time of reflection and debate on the modalities of UNICEF cooperation in Oman, in view of Executive Board decision 1997/18 to phase out regular resources in countries reaching a combined threshold of $2,895 in gross national product per capita and U5MR of less than 30 per 1,000 live births. UNICEF interacts regularly with the World Health Organization, the only other United Nations agency in Oman.

28. **The situation of children and women**. Oman's many achievements are impressive; they include low U5MR (18 per 1,000 live births), high levels of immunization coverage (98 per cent), the elimination of neonatal tetanus, a polio-free status since 1994, and high basic and secondary education enrolment, with no gender gap. These notable gains, however, have masked the challenges still facing Oman's children and women. One in every four children under the age of five is malnourished, a rate that exceeds those found in much poorer countries. Other problems affecting children include neonatal and perinatal mortality, disability and a high rate of congenital malformation (54 per cent of marriages are consanguineous). Services for the country's 37,000 disabled children are very limited. Quality and effectiveness of education are of concern and are being given priority in ongoing reform efforts. Oman has not yet ratified the Convention on the Elimination of All Forms of Discrimination against Women, but a committee has been set up to review the issue. Expatriates constitute about one quarter of Oman's population and a third of government employees. The Government is attempting to reduce these high rates through training programmes and quota and bonus systems for nationals.

29. **Achievements**. The MTR acknowledged UNICEF contributions to the achievement of national goals for children, through high-quality technical support, advocacy and strategic use of studies and assessments. The health programme supported training and awareness-raising in such priority areas as birth-spacing, healthful lifestyles for youth, elimination of childhood disabilities and consanguinity. An assessment of perinatal and neonatal mortality influenced the promulgation of the 1999 Civil Registration Decree and prompted a government survey on subnational disparities in low birth weight. An external assessment of services for disabled children highlighted the needs in this area. The nutrition programme expanded community-based growth monitoring from one region in 1996 to seven in 1998, reaching 187 villages. Through this programme, UNICEF made crucial contributions to the community empowerment process, training over 2,500 women volunteers from Community Support Groups who now form a nationwide network to disseminate information on health and nutrition. UNICEF-supported research led to clear and positive national policies on micronutrients, which resulted in reduced levels of anaemia among pregnant women (from 49 per cent in 1996 to 37 per cent in 1998); increased levels of iodized salt consumption (from 35 per cent in 1996 to 60 per cent in 1998); and near universal Vitamin A supplementation for children and post-partum mothers. UNICEF support and advocacy were also crucial in sustaining the Baby-Friendly Hospital Initiative and the Complementary Feeding Initiative in all public health facilities; the issuance of the Omani Code for Regulation of the Marketing of Breast Milk Substitutes; the expansion of the Monitoring of Learning Achievement Initiative; the introduction of the Education Management Information System in 9 out of 10 regions in the country; and the development of a curriculum guide for pre-school teachers. UNICEF support led to national follow-up to the Fourth International Conference on Women, the submission of the country's first report to the Committee on the Rights of the Child, and the preparation of the Education for All 2000 Report.

30. **Constraints**. The MTR identified a number of cross-cutting constraints in programme implementation: shortage and rapid turnover of trained Omani counterparts; weakness of institutional mechanisms to pursue intersectoral coordination effectively and ensure sustainability of interventions; and gaps in the database on children and women.

31. **Assessment of strategies: lessons learned**. The MTR noted that effective use of research findings and project experiences had contributed to the formulation and implementation of appropriate national policies, and that the programme's training component was meeting the national goal of capacity-building. It also found that certain goals and objectives were too

ambitious. Results attributed to UNICEF cooperation had not been clearly defined, and adequate baseline data were not collected on several issues relating to behaviour and practices.

32. **Country programme management plan**. Any changes required in office structure or programme approach will be examined in relation to the preparation of the new country programme, to be submitted to the Executive Board in September 2000, and in relation to the proposed gradual decrease in regular resources over the 2001-2003 cycle.

Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic, and the West Bank and Gaza

33. The MTR process for the programme for Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic, and the West Bank and Gaza involved reviews with government counterparts and a final, two-day regional review in Amman. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is an important partner in these UNICEF-supported programmes.

34. **The situation of children and women**. The situation and living conditions of Palestinian children and women vary widely from country to country, but in general, they live under difficult conditions and lack many basic rights and services. In Lebanon, the 350,000 Palestinian refugees have access only to services and schools provided by UNRWA, UNICEF and a network of Palestinian associations. In the Syrian Arab Republic, the refugees (370,035 in 1998) have access to health and education services provided by the Government and UNRWA, but poverty and child labour (23 per cent) remain widespread. Much of the Palestinian population has been integrated into the population in Jordan; however, there are 1.5 million Palestinians registered with UNRWA. In the West Bank and Gaza, an estimated 2.9 million Palestinians live in areas that form a geographic patchwork. Some 41 per cent are registered as refugees and receive basic services from UNRWA. Social indicators show geographic disparities. The U5MR varies between the West Bank and Gaza (32 and 37 per 1,000 live births, respectively) as well as among towns and villages. Some 38 per cent of households live below the poverty line in Gaza, compared to 16 per cent in the West Bank. A UNICEF-supported survey showed worrisome levels of goitre prevalence among children (68 per cent in Jericho). While enrolment is about 91 per cent, school drop-out rates and child labour are of concern: in 1998, 6 per cent of children 5 to 17 years of age — some 63,600 — were working.

35. **Achievements**. The programmes in Jordan, Lebanon and the Syrian Arab Republic helped to maintain high immunization coverage, improve health care and knowledge and promote ECD practices among the Palestinian population. In Jordan, 840 parents were trained in better parenting skills, and community empowerment models were established in four Palestinian low-income urban areas. In Lebanon, assessments showed the positive impact of health, nutrition and HIV/AIDS education among 18,000 refugees, as well as the benefits of a revolving loan project. Pre-school facilities were constructed and equipped to benefit 1,600 young children. Literacy and training activities reached over 300 working children and over 3,500 youth and children. In the Syrian Arab Republic, UNICEF supported studies on the issues of drop-outs and HIV/AIDS education in UNRWA schools, and on a "good marriage" initiative designed to train and educate youth, in particular adolescent girls, in life skills.

36. In the West Bank and Gaza, UNICEF support to NIDs and to the cold-chain system ensured continuing immunization coverage of over 90 per cent. The Health Services Management Unit, established with UNICEF support, is now fully functioning and will be taken over by the Ministry of Health in 2000. Through training of teachers and development of teaching/learning materials, the school health project reached 25,000 children and led to physical and developmental screening for all children entering grade one (55,000 per year). UNICEF also contributed to the establishment of an Education Management Information System, now producing reliable and timely education data; to the development of the first national Palestinian curriculum; and to the launch of the Five-Year Education Development Plan in 1999. The programme also generated awareness of children's issues and of the Convention on the Rights of the Child through several media, including theatre productions, radio broadcasts and printed publications. Fourteen community centres were upgraded with training and equipment, libraries and playgrounds. The results of a study on institutionalized children were used to

improve conditions and reintegrate children with their families. An assessment conducted by an external evaluator showed that counterparts considered UNICEF capacity-building efforts successful, relevant and appropriate to the organization's comparative advantage.

37. **Constraints**. Overall, the gaps in data and the dearth of qualified counterparts were a constraint in the planning of programmes, although programmes in Lebanon, the Syrian Arab Republic and the West Bank have made noteworthy efforts to establish baselines and collect data.

38. **Assessment of strategies: lessons learned**. The MTR noted that the programmes had generally contributed to improving the quality of life for Palestinian families. The impact has been difficult to evaluate in certain cases, however, where data specific to the target groups were lacking. The MTR also noted that some objectives were not specific enough and would need to be reformulated.

39. **Country programme management plan**. Given the short duration of the programme cycle, the programmes will not be substantially changed, but the MTR recommendations will be incorporated into the development of the next submission. Programmes in all countries should have enough built-in flexibility to respond to a complex and evolving situation. For the 1998-1999 period, UNICEF mobilized $5.1 million, $577,000 and $3,560, respectively, for the programmes in the West Bank and Gaza, Lebanon and the Syrian Arab Republic.

Major evaluations and the use of the research and evaluation function

Influencing national plans and policies

40. The strategic use of research, studies and evaluations is a particularly important programme approach in the region. In return for modest investment of UNICEF resources, such strategies have yielded significant dividends in terms of influence in shaping national policies, programmes and legislation.

41. **Lebanon**. The external *evaluation of the UNICEF education programme* revealed a number of successes, as well as shortcomings. The programme had generated useful data for decision makers on disparities in learning achievements; produced useful teaching/learning materials; and contributed to the development of national capacities in the area of ECD. The programme created cumbersome bureaucratic layers, however, leading to high administrative costs. Data to assess the impact of educational materials on caregivers had not been collected. The evaluation recommended a change in strategies, a focus on only the first two grades of basic education to complement the ECD project, and increased UNICEF support to the implementation of the free and compulsory education law. Subsequently, the MTR made the recommended changes to the programme. UNICEF has taken measures to reduce overhead costs through new contractual arrangements with its partners.

42. The UNICEF-supported *study on Lebanon's free and compulsory education law*, in collaboration with the World Bank and the Beirut-based Centre for Educational Research and Development, used a sample of 7,000 households and 200 public schools, covering all regions of the country. The study produced a comprehensive assessment of the education system, in terms of student enrolment and achievements, and the socio-economic situation of households. It also yielded data and variables that could be used to measure the quality of education and to establish an educational monitoring system. Following this study, the Ministry of Education initiated measures to accommodate all children in schools and to provide government subsidies to ease the costs of schooling for the poorest groups. A *study on the costs of health care* in Lebanon highlighted the inequities and structural problems affecting the accessibility of the poorest groups to this basic right. The study made a number of policy recommendations related to developing national health accounts; regulating private practice and the pharmaceutical sector; unifying insurance coverage schemes and prices; and developing protocols for hospital classification and pricing. The study has been distributed widely and will be used by a national committee on health sector reform.

43. **Tunisia**. The 1999 external *evaluation of the Compétences de base (CB) approach* in the UNICEF-supported basic education programme assessed its effectiveness and impact on classroom practices, using qualitative methods and field observations. Classes using the CB approach were compared with those that did not. The evaluation found that the CB approach had

transformed classroom practices from top-down teaching and rote learning to a holistic approach centred on the child. Children were taken through competency levels, carefully monitored and encouraged to express themselves freely. In most schools, results showed a progressive improvement in the quality of learning, and repetition rates dropped significantly in the Kef region. Areas needing improvement were also noted, among them, time-consuming tests and preparations, inadequate training for teachers, and the discrepancy between the official guide and the actual approach. Following the presentation of evaluation results at a meeting between the Minister of Education, national counterparts, UNICEF and the World Bank, the Government decided to expand the approach nationwide to cover all six grades of primary schools by 2003.

44. The *evaluation of the Programme d'action sociale scolaire (PASS)* in Tunisia endorsed the approach, but also noted areas for improvement, such as the functioning of the counselling units for children. Following the evaluation, the PASS approach was expanded, in 1999, from 50 to 238 units, or one quarter of the total units in the country. The *evaluation of the UNICEF-supported ECD project* assessed the impact of training and showed the enormous enthusiasm generated among communities by the programme, which is implemented through a diverse network of volunteers. It noted, however, the lack of effective organization at various levels and the unfamiliarity of the volunteers with certain ECD concepts. As a result of these findings, appropriate structures for coordination and monitoring of training activities were established.

45. **Oman**. Since the Oman programme relies heavily on communication, UNICEF initiated an *evaluation of information, education and communication (IEC) materials*. The external evaluator examined the design of the materials; assessed their use through field visits and interviews with managers, users and primary beneficiaries; and explored other channels of communication. The evaluation gave high marks to the design of the materials, the demand that they generated, and the motivation of the community educators in using them. The evaluation also noted the need for targeting messages to men. Pre-testing, distribution of materials and training of users have been less than optimal due to high demand from users and a shortage of qualified personnel to conduct testing. The recommendations will be used in the development of further materials. The 1998 *assessment of perinatal, neonatal and infant mortality* in Oman, conducted by an international expert, is another example of the use of research to draw attention to areas requiring government action. The results were well received by the Ministry of Health, and a committee was formed to implement the recommendations.

Improving programme design and impact

46. The other group of evaluations in the region, relating to countries or population groups that are still some way from achieving the goals of the World Summit for Children, have been used to improve programme design and increase impact.

47. **Sudan**. The International Water and Sanitation Centre of the Netherlands carried out an in-depth *evaluation of the UNICEF-supported WES programme*, and in the process highlighted a success story. The evaluation conducted fieldwork in 6 states, covering 45 localities, and used such methodologies as key informant interviews and focus group discussions. The evaluation revealed a programme that had changed from a donor-driven project focusing on hardware to a comprehensive programme addressing sanitation, health education and women's participation, serving people in rural, peri-urban, low-income and emergency areas, and using low-cost and appropriate solutions. Over a period of eight years, with a UNICEF contribution of $38.1 million and significant local contributions, the programme has benefited more than 5 million persons in Sudan. The work has been carried out in conditions of prolonged civil war, instability, an ailing economy, frequent famines and decreasing international support. The evaluation noted that the programme's greatest assets were the national WES staff, the UNICEF staff and the women in beneficiary communities. The evaluation also noted areas for improvement, such as institutional and organizational weaknesses in the rural councils, weak coordination between the rural councils and state-level authorities, and a need for greater participation, more training and women's involvement. In the emergency areas of Juba and Wau, the programme has begun to develop WES emergency plans for crises and to deal with a massive influx of IDPs. The evaluation recommended the

further extension of this emergency preparedness approach to other emergency-prone areas. These recommendations will be incorporated in the future expansion of the WES programme.

48. **Programme for Palestinian children and women in Lebanon**. An evaluation in 1999 investigated the benefits of the *revolving loan project* established by UNICEF in 10 of the 12 Palestinian refugee camps in Lebanon. Over a two-year period, the programme benefited 963 refugees. Some 76 per cent of borrowers attended literacy classes supported by UNICEF. Processes introduced by the organization to ensure transparency and accountability have been well received — a new development in the camps, where socio-political structures do not encourage such changes. UNICEF attempts to combat gender bias through this scheme have been only partially successful. Not all loan committees have accepted the request by UNICEF to include an equal number of women among their members. The proportion of women borrowers varies from camp to camp — in general, about half the borrowers are females. The evaluation recommended a change in loan management structures.

49. Overall, the MTRs and major evaluations in the Middle East and North Africa region showed a need to improve the focus and convergence of interventions and to give more attention to the quality of services and the protection of children and women. However, the MTRs also showed that the various UNICEF-supported programmes are generally well suited to the different needs and situations of children and women in Lebanon, Oman, Morocco, Sudan, Tunisia and the West Bank and Gaza.